RESIDENT/NONRESIDENT AGENT APPOINTMENT

Ref: Section 628.11, Wis. Stat. Section Ins 6.57, Wis. Adm. Code



State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
agentlicensing@oci.state.wi.us

INSTRUCTIONS: Type or print all required information into space provided and return to above address. Submission of this form constitutes company certification that each agent holds a current/valid license and that it has investigated each agent's criminal background. Validation reports will be mailed directly to the company address we have on file. If a validation or reject report is not received on any or all agents identified within 30 days, please resubmit. If a validation report is received, the agent appointments are valid on the date the form is mailed as identified below. No fees are required at this time, as companies are billed annually for newly appointed agents. Companies are billed for appointment fees on a per-form basis. Therefore, companies will be charged a single appointment fee for each individual included on this form. The processing of an appointment does not constitute the waiver required by the federal Violent Crime Control and Law Enforcement Act of 1994 (18 U.S.C. §§ 1033 and 1034). Prior to contracting with an agent who falls under this law, companies should comply with the Act, including obtaining all waivers.

Company Name		NAIC Number	
Agent Name(s): Last, First, Middle Initial	Appointment Types*	Social Security Number	

* LI: Life | AH: Accident & Health | PROP: Property | CAS: Casualty | PPC: Personal Lines P&C | LGLEXP: Legal Expense | CRDT: Credit | TI: Title

Date	Mailed	